

# FINGERPRINTING INSTRUCTION SHEET

Prior to scheduling the exam a completed [fingerprint card](#) must be sent:

1. Directly to the Kentucky State Police at:

Kentucky State Police  
Records Branch  
1266 Louisville Road  
Frankfort, KY 40601

2. With a check or money order:
  - a. In the amount of \$34.75
  - b. Made payable to Kentucky State Police

Complete the following required fields on the fingerprint card **IN BLACK INK:** *(Failure to do so will result in the card being returned to you and will prolong the process of obtaining a background report and your license.)*

- ORI NUMBER **KY920229Z**
- Last, First, and Middle Name
- Aliases
- Signature and Residence of person being fingerprinted
- Date and Signature of Official taking fingerprints
- Date of Birth
- Citizenship
- Sex
- Reason Fingerprinted – **KRS 324.045 Real Estate License**
- Race
- Height
- Weight
- Eye Color
- Hair Color
- Place of Birth (State or County)
- Social Security Number

Do not fold or staple the fingerprint card.

Take the [fingerprint card](#) for fingerprinting to:

- a. Kentucky State Police Post;
- b. Louisville Metro Corrections (502) 574-2191;
- c. United Parcel Services (UPS) mailing office; or
- d. Any local police station or sheriff's office trained to do fingerprinting in your area.

Note: All of the required fields listed above must be completed, in black ink only, on the fingerprint card or the card will be returned to you for completion.

Digital fingerprints are acceptable if fingerprints are transferred to:

1. An FD -258 fingerprint card and ORI number **KY920229Z** is placed on the card, or
2. An electronic print out in the FD-258 format with the ORI number **KY920229Z**.

## **FINGERPRINT USE AND CHALLENGE INFORMATION**

The Kentucky Real Estate Commission, pursuant to KRS 324.045, requires a criminal history background report from the FBI for an applicant for licensure.

In accordance with FBI policy, please read the following information regarding the use and dissemination/restriction of the fingerprint report obtained from the FBI:

“Under provisions set forth in Title 28, code of Federal Regulations (CFR), Section 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and received FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS division records system, the application should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.”

APPLICANT

\* See Privacy Act Notice on Back

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA O R I

CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

FBI LEAVE BLANK

DATE OF BIRTH DOB  
Month Day Year

LEAVE BLANK

CLASS

REF.

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# APPLICANT

CENTER  
OF LOOP



## 2. WHORL



### 3. ARCH



(AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).